

Company Name

INVOICE

Street Address
City, State, Zip Code
Phone: (123) 456-7890
Fax: (123) 456-7890
Website: www.myaccountingcourse.com

Date	
Invoice #	
Customer ID	
Due Date	

Bill To:

Customer Name
Street Address
City, State, Zip Code
Phone

Description	Quantity	Amount
Product 1		\$ 50.00

Other Information

Enter Payment terms here

Subtotal	50.00
Tax Rate	6%
Tax Due	3.00
TOTAL	\$ 53.00

Please let us know if you have any questions. We are here to help!
(Company Name and contact info here)

Thank you for your business!